

West Lafayette Parks & Recreation Registration Form

West Lafayette Parks & Recreation
609 W. Navajo, West Lafayette, IN 47906

Please Print

Family Name: _____ Address/City _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

	First Name	Last Name*	Birthdate	Grade	Sex	Class	Class Code	Fee
1.								
2.								
3.								
4.								
5.								

*If different from family name

Total Fees Due \$ _____

Waiver Release Statement

By registering for West Lafayette Parks & Recreation Programs, registrant realizes the inherent risks involved in the programs and appreciates the nature of the risks.

The applicant holds the West Lafayette Parks & Recreation Department harmless for any damages caused by participation in these programs.

Participants registering for activities of a strenuous nature are encouraged to seek a physician's approval.

Method of payment:

Make check payable to: City of West Lafayette

☐ Check ☐ Cash ☐ Visa ☐ MasterCard

Card Number

Expiration Date

Name as printed on card

Signature